

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011294

1602

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED APR 5 1962

Primary Registration District No.

1002

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Kansas City

Length of stay in 1b

21 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St Luke Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY  
OR  
TOWN

Lee's Summit

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

216 No. Main Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Emma Ethel Rice

4. DATE  
OF  
DEATH

Month

Day

Year

March 17 1962

## 5. SEX

F

## 6. COLOR OR RACE

W.

7. Married ☐Widowed ☒

## 8. DATE OF BIRTH

5/16/1891

## 9. AGE (last birthday)

70

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

Home

Johnson County Mo.

U S A

## 11. BIRTHPLACE (City and state or country)

## 13a. FATHER'S NAME

Samuel Bowman

## 13b. MOTHER'S MAIDEN NAME

Lucy Marshall

## 14. NAME OF HUSBAND OR WIFE

W.L. Rice

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

W.L. Rice Lee's Summit Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma Colon &amp; Metastases to

INTERVAL BETWEEN  
ONSET AND DEATH

2 yrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

lung &amp; brain

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960, to 3-17-62 and last saw her live on 3-17-62

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W. Robinson

## 22b. ADDRESS

4625 Quynhville

## 22c. DATE SIGNED

3-19-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

3/19/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Lee's Summit

## 23d. LOCATION (City, town, or county)

Lee's Summit Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Langsford Funeral Home

## 25. DATE RECD. BY LOCAL REG.

3-20-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

Lee's Summit Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. W. Robinson

APR 26 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. B. Langford*

Licensed Embalmer No. 3833

P. O. Address

*Peis Summit Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.